435.960 Standardized formats for furnishing and obtaining information to verifying income and eligibility.

435.965 Delay of effective date.

### Subpart K—Federal Financial Participation

435,1000 Scope.

FFP IN EXPENDITURES FOR DETERMINING ELIGIBILITY AND PROVIDING SERVICES

435.1001 FFP for administration.

435.1002 FFP for services.

435.1003 FFP for redeterminations.

435.1004 Recipients overcoming certain conditions of eligibility.

#### LIMITATIONS ON FFP

435.1005 Recipients in institutions eligible under a special income standard.

435.1006 Recipients of optional State supplements only.

435.1007 Categorically needy, medically needy, and qualified Medicare beneficiaries.

435.1008 FFP in expenditures for medical assistance for individuals who have declared United States citizenship or nationality under section 1137(d) of the Act and with respect to whom the State has not documented citizenship and identity.

435.1009 Institutionalized individuals.

435.1010 Definitions relating to institutional status.

REQUIREMENTS FOR STATE SUPPLEMENTS

435.1011 Requirement for mandatory State supplements.

435.1012 Requirement for maintenance of optional State supplement expenditures.

## Subpart L—Option for Coverage of Special Groups

435.1100 Basis and scope.

PRESUMPTIVE ELIGIBILITY FOR CHILDREN

435.1101 Definitions related to presumptive eligibility for children.

435.1102 General rules.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

Source: 43 FR 45204, Sept. 29, 1978, unless otherwise noted.

# Subpart A—General Provisions and Definitions

### § 435.2 Purpose and applicability.

This part sets forth, for the 50 States, the District of Columbia, the Northern Mariana Islands, and American Samoa—

- (a) The eligibility provisions that a State plan must contain;
- (b) The mandatory and optional groups of individuals to whom Medicaid is provided under a State plan:
- (c) The eligibility requirements and procedures that the Medicaid agency must use in determining and redetermining eligibility, and requirements it may not use;
- (d) The availability of FFP for providing Medicaid and for administering the eligibility provisions of the plan; and
- (e) Other requirements concerning eligibility determinations, such as use of an institutionalized individual's income for the cost of care.

[43 FR 45204, Sept. 29, 1978, as amended at 44 FR 17937, Mar. 23, 1979; 51 FR 41350, Nov. 14, 1986]

### § 435.3 Basis.

(a) This part implements the following sections of the Act and public laws that mandate eligibility requirements and standards:

402(a)(22) Eligibility of deemed recipients of AFDC who receive zero payments because of recoupment of overpayments.

402(a)(37) Eligibility of individuals who lose AFDC eligibility due to increased earnings.

414(g) Eligibility of certain individuals participating in work supplementation programs.

473(b) Eligibility of children in foster care and adopted children who are deemed AFDC recipients.

1619(b) Benefits for blind individuals or those with disabling impairments whose income equals or exceeds a specific SSI limit.

1634(b) Preservation of benefit status for disabled widows and widowers who lost SSI benefits because of 1983 changes in actuarial reduction formula.

1634(d) Individuals who lose eligibility for SSI benefits due to entitlement to early widow's or widower's social security disability benefits under section 202(e) or (f) of the Act.

1902(a)(8) Opportunity to apply; assistance must be furnished promptly.

1902(a)(10) Required and optional groups.

1902(a)(12) Determination of blindness.

1902(a)(17) Standards for determining eligibility: flexibility in the application of income eligibility standards.

1902(a)(19) Safeguards for simplicity of administration and best interests of recipients.

1902(a)(34) Three-month retroactive eligibility.